

Facility Infection Prevention and Control (IPC) Assessment for Coronavirus Disease 2019 (COVID-19)

Infection Prevention and Control Considerations in Non-US Healthcare Settings

Accessible version: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/healthcare-facility-readiness-assessment.pdf>

Strict implementation of infection prevention and control (IPC) measures at healthcare facilities during the COVID-19 pandemic will minimize healthcare-associated transmission of the virus that causes COVID-19 among healthcare workers (HCWs) and patients, and allow for ongoing provision of essential health services. This tool has been developed for healthcare facilities and public health stakeholders in non-US healthcare settings to assess a facility's IPC practices in identifying and safely managing patients presenting with symptoms consistent with COVID-19. This assessment will ideally be conducted by an external evaluator. However, it can also be used as a self-assessment. Facilities should use the results of the assessment to guide quality improvement activities. Depending on the section of the assessment, respondents will include facility administrator, IPC focal point, occupational health staff and/or director of nursing. A template work plan to address gaps identified during the assessment can be found at the end of the tool.

Facility name: _____

Date: _____

Coordination

		Assessor Guidance	Notes / Gaps identified
Facility has an IPC focal person in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	Document the name of the person for follow-up; ask to see a copy of the terms of reference	
Facility has IPC committee in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask to see the list of committee members	
Facility has an emergency response plan for COVID-19 or other viral respiratory pathogens in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask to see a copy of the plan	
Facility has an emergency committee that meets regularly to discuss COVID-19 response activities	<input type="checkbox"/> Yes, at least every week <input type="checkbox"/> Yes, but less frequent than weekly <input type="checkbox"/> No	Ask to see a copy of the last meeting's minutes	
Representative(s) from IPC committee participate in emergency committee meetings	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ask to see the list of committee members; N/A when there is no emergency or IPC committee	



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

www.cdc.gov/coronavirus/2019-ncov/global-covid-19

Communication and reporting

		Assessor Guidance	Notes / Gaps identified
Facility has a designated focal person(s) available to receive reports of suspected or confirmed COVID-19 cases	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask for any documentation that includes reports of COVID-19 in patients and HCWs	
HCWs have the phone number(s) of the focal person(s) to whom to report suspected or confirmed COVID-19 cases	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask HCWs to provide focal person phone number(s)	
COVID-19 focal person(s), facility leadership, and/or emergency committee members know to whom to report suspected or confirmed COVID-19 cases to at the sub-national or national level	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask members to describe reporting process	
COVID-19 focal person(s) and facility leadership know national or sub-national guidance for COVID-19 patient management (home care for mild cases, refer to treatment center for moderate to severe cases, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ask members to describe guidance; Select N/A if no guidance exists; If guidance exists, asks facility to describe plans for managing or referring patients for treatment	

Supplies and Supporting Infrastructure

		Assessor Guidance	Notes / Gaps identified
Facility is able to estimate its consumption rate (supply used per week) for critical supplies, including PPE, hand hygiene supplies, and disinfection materials	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility to provide written consumption rate estimates for previous months	
A designated person is responsible for managing the supply chain for critical IPC supplies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility to provide the name of the IPC supply chain point of contact	
Facility knows how to request additional supplies from national or sub-national authorities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask about the request process	
Facility performs an inventory of PPE supplies regularly	<input type="checkbox"/> Yes, at least every other week <input type="checkbox"/> Yes, at least every month <input type="checkbox"/> No	Ask facility to provide results of most recent inventory	
Facility has the following supplies in stock at the time of the assessment (ask facility staff and select one):			
PPE	Non-sterile gloves	<input type="checkbox"/> Yes, but for less than 1 week	

		<input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	Gowns	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	Aprons	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	Eye protection (face shields or goggles)	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	Medical masks	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	N95, FFP2, or equivalent respirators	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
Hand hygiene supplies	Alcohol-based hand rub	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	Soap	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	Disposable or reusable towels	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	Veronica buckets with functional taps, lids and basin for collecting used handwashing water	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A N/A if functional sinks are available in registration and waiting areas and Veronica bucket not used	
Cleaning supplies	Neutral detergent, liquid or powdered soap	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	Cleaning cloths	<input type="checkbox"/> Yes, but for less than 1 week <input type="checkbox"/> Yes, enough for 1 week or more <input type="checkbox"/> No stock	
	Mops	<input type="checkbox"/> Available <input type="checkbox"/> Not available	
	Portable buckets (for mopping and surface cleaning solutions)	<input type="checkbox"/> Available <input type="checkbox"/> Not available	
	Hospital-grade disinfectants (e.g., sodium hypochlorite)	<input type="checkbox"/> Yes, but for < 1 week <input type="checkbox"/> Yes, enough for ≥ 1 week <input type="checkbox"/> No stock	
	Products used at the facility:	WHO recommends using ethanol (70-90%), chlorine-based products at 1,000ppm or hydrogen peroxide at 0.5% for	

		disinfecting surfaces; For large blood or body fluid spills, chlorine solution at 0.5% (5,000ppm) is recommended	
Facility has daily access to adequate water supply on-site to facilitate hand hygiene, environmental cleaning and laundry, and reprocessing of equipment and PPE as applicable in areas occupied by patients with suspected or confirmed COVID-19, including triage area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility or observe to ensure that infrastructure type and characteristics are in keeping with specifications in WHO WASH COVID-19 guidance	
Facility has wastewater drains connected to a septic system, a sewer or in a soak-away pit to safely dispose of used water (e.g., water from cleaning surfaces, floors, PPE) produced in areas occupied by patients with suspected or confirmed COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Facility has adequate infectious waste disposal processes (either on-site treatment and disposal or collection services to off-site treatment) to accommodate additional waste produced in areas occupied by patients with suspected or confirmed COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Training

		Assessor Guidance (review documentation at facility)	Notes / Gaps identified
All HCWs (including clinical and support staff) are trained to recognize COVID-19 symptoms and to rapidly identify and isolate suspected or confirmed COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask for the dates of all trainings	
All HCWs (including clinical and support staff) are trained on HCW screening procedures to identify and report symptoms suggestive of COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Ask for the dates of all trainings; N/A if the facility does not have HCW screening in place	
HCWs evaluating or treating patients with suspected and confirmed COVID-19 are trained in standard and transmission-based precautions (TBP) in the context of COVID-19	<input type="checkbox"/> Yes, both standard and TBP <input type="checkbox"/> Yes, only standard precautions <input type="checkbox"/> Yes, only TBP <input type="checkbox"/> No	Ask for the dates of all trainings for both standard and TBP; Include both clinical and non-clinical staff	
HCWs working who come in contact with suspected and confirmed COVID-19 are trained on donning and doffing of PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask for the dates of trainings; Observe a don and doff procedure if possible	

HCWs responsible for the screening and monitoring of HCWs are trained on screening procedures and how to respond to either symptomatic or confirmed COVID-19 in a HCW	<input type="checkbox"/> Yes, for both screening and response <input type="checkbox"/> Yes, only on screening procedure <input type="checkbox"/> Yes, only on response to symptomatic or infected HCW <input type="checkbox"/> No <input type="checkbox"/> N/A	Ask for the dates of all trainings; Ask to describe the procedure and response when symptomatic or infected HCW is identified; N/A if the facility doesn't have HCW screening in place	
Cleaners are trained in how to clean rooms or areas previously occupied by patients with suspected or confirmed COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask for dates of the most recent training	

Triage and evaluation of suspected COVID-19 cases

		Assessor Guidance	Notes / Gaps identified
Facility is implementing alternative procedures for suspected COVID-19 patients to communicate with facility prior to presenting at facility (for example a telephone hotline or telemedicine)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility to describe hotlines, telemedicine, other communication methods	
Signs or posters directing patients with COVID-19 symptoms to proceed directly to the registration desk are posted at all facility entrances	<input type="checkbox"/> Yes <input type="checkbox"/> No	Locate all entrances to verify that signs or posters are posted	
A physical barrier is in place between staff and patients presenting to the registration desk (for example, a plastic/glass window or table providing at least 1-meter* separation)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check registration desk to verify physical barrier is present	
Facility has a separate COVID-19 waiting area for suspected COVID-19 patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	Locate separate COVID-19 waiting area; This area should be well-ventilated	
Benches, chairs, or other seating in the separate COVID-19 waiting area have at least 1-meter* distance between them	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check waiting area	
Functional hand hygiene stations are available near the registration desk and in the waiting area	<input type="checkbox"/> Yes, both near registration desk and waiting area <input type="checkbox"/> Yes, only near registration desk <input type="checkbox"/> Yes, only in waiting area	Check hand hygiene stations; Soap and clean water or alcohol-based hand rub should be available at all hand hygiene stations	

	<input type="checkbox"/> No		
Dedicated toilets are available for patients in the separate waiting area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Check waiting area; N/A if there is no separate waiting area	
Single rooms with doors are available for physical evaluation of patients with COVID-19 symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, ask to see the room and skip the next question	
If single rooms are not available, a well-ventilated, private area away from other patients is available for conducting physical evaluations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask to see the area	
COVID-19 triage forms and/or flow chart are available for HCWs evaluating patients in the separate waiting area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask to see the flow chart; Should be provided by Ministry of Health or other national body	
HCWs conducting physical evaluations of patients with respiratory symptoms have access to gowns, gloves, face masks, and eye protection	<input type="checkbox"/> All of these items <input type="checkbox"/> Some of these items <input type="checkbox"/> None of these items	Ask and observe	
Plans exist for the safe transfer of patients with suspected or confirmed COVID-19 identified during triage process to inpatient care units or to other designated facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility for the plan/protocol	
High touch surfaces in waiting areas are cleaned at least twice a day (surfaces should be cleaned and disinfected using an approved disinfectant product)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask cleaning staff how often they clean the area; See documentation in cleaning log book if available	

Visitor Management

		Assessor Guidance	Notes / Gaps identified
Visitor access is limited at points of entry to the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check facility entrances to identify if there are entrances dedicated to visitors	
All visitors are screened for COVID-19 symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check facility logbook or observe screening process	

The facility has visitor restriction policy in the context of COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility staff to explain restriction policies	
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Providing care to patients with suspected or confirmed COVID-19

		Assessor Guidance	Notes / Gaps identified
Patients with suspected or confirmed COVID-19 are housed in single rooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, ask to see rooms and skip the next question	
If single rooms are not available, patients with suspected or confirmed COVID-19 are cohorted in a well-ventilated area with at least 1-meter* spacing between patients	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Dedicated, private toilets are available for patients with suspected or confirmed COVID-19, not used by staff or other patients	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, check if available and skip the next question	
If private toilets are not available, patients sharing the same cohort area should have access to toilets that are not used by patients in other wards or cohorts	<input type="checkbox"/> Yes <input type="checkbox"/> No	There should be at least one toilet available per 20 patients, and ideally separate toilets for men and women	
Facility has staffing plan in place for COVID-19 treatment and isolation units	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask to see staffing plan; Staffing plan should address staff shortages and possibility of cohorting HCWs	
The transport or movement of patients with suspected or confirmed COVID-19 is limited to medically essential purposes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility for the policy	
Gowns, gloves, medical masks, respirators, and eye protection are available for donning outside each room/unit providing care to patients with suspected or confirmed COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> Some of them <input type="checkbox"/> No	Check if available; PPE should be located outside entrance to each room/unit	
At least one functional hand hygiene station is available in each COVID-19 room or unit (i.e., ABHR, sink/bucket system with clean water and soap)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Check if available in the entrance of the room or in the unit	
Facility has an airborne infection isolation room or other adequately ventilated room for performing aerosol-generating procedures (AGPs) (i.e., tracheal intubation, non-invasive ventilation, tracheotomy,	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	WHO recommends at least 160 L/s per patient in rooms with natural ventilation or at	

cardiopulmonary resuscitation, manual ventilation before intubation, bronchoscopy, sputum induction induced by using nebulized hypertonic saline, and autopsy procedures) List AGPs conducted at the facility:		least 6 changes per hour in rooms with mechanical ventilation; N/A if no AGPs are conducted in the facility	
Respirators such as N95, or equivalent are available for HCWs performing AGPs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Should be available outside of the procedure room; N/A if no AGPs are conducted in the facility	
Environmental cleaning of patient-care areas is conducted at least twice daily (high touch surfaces should be cleaned and disinfected using an approved disinfectant product)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask cleaning staff how often they clean the area and ask to see cleaning logbook/sheet if available	

Monitoring HCWs and inpatients for COVID-19

		Assessor Guidance (review documentation at the facility)	Notes / Gaps identified
Facility has plan in place for monitoring of HCWs exposed to patients with COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No	This may vary based on local epidemiology of COVID-19 (self-monitoring or active monitoring); Provide details in comments	
Facility has plan in place for screening HCWs prior to entering the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask to see the plan; Verify if facility has procedures for the specific screening methods (e.g., active or passive [self-reported]) and for what symptoms HCWs should be screened	
Facility has screening system in place for all HCWs prior to beginning work and/or entering the facility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility to describe screening system and check documentation of reporting	
Facility has monitoring system in place for HCWs with suspected or confirmed COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility to describe reporting system and check documentation of reporting	
Facility has procedures in place to respond to a HCW with suspected or confirmed COVID-19	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility IPC focal point or director of nursing to describe the procedure; Verify that this includes medical follow-up (e.g., referral for care/testing and isolation) as well as contact tracing in the facility	

Facility has a policy in place for determining when HCWs with suspected or confirmed COVID-19 may return to work	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask to see the written policy; This may be based on a national/sub-national document or a local/facility-level policy	
Facility has a process to identify inpatients with COVID-19 symptoms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ask facility IPC focal point or director of nursing to describe process; This could range from training clinicians to report suspicious cases to formal surveillance; plan should include reporting to facility leadership and public health authorities	

*WHO recommends at least 1- meter while CDC recommends 2-meter (6-foot.)

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